



COUNTY QUALITY ASSURANCE/QUALITY IMPROVEMENT ACTIVITIES

**Statewide Annual Report
for Fiscal Year 2017-18**

As compiled from the In-Home
Supportive Services (IHSS) Quarterly
Report on Quality Assurance/Quality
Improvement for Personal Care
Services Program, IHSS Plus Option,
Community First Choice Option and
IHSS Residual Programs (SOC 824)

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California Department of Social Services
Adult Programs Division
Fiscal, Appeals, and Benefit Programs Branch

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Executive Summary

Background

The In-Home Supportive Services (IHSS) program currently serves approximately 580,000 eligible aged, blind, or disabled recipients, allowing them to remain safely in their own homes. These recipients are served by approximately 495,000 providers statewide. The total program cost for Fiscal Year (FY) 2017-18 was approximately \$11.5 billion.

In 2004, Senate Bill [\(SB\) 1104](#) (Chapter 229, Statutes of 2004) enacted Welfare & Institutions Code [\(WIC\) Section 12305.71\(b\)](#) to improve the quality of the IHSS program. This Quality Assurance/Quality Improvement (QA/QI) initiative resulted in the implementation of State and County QA/QI measures, including the establishment of a minimum case review requirement for each county.

In 2013, the California Department of Social Services (CDSS) issued a new and updated IHSS QA/QI Policy Manual via All-County Letter [\(ACL\)13-110](#), including a revised IHSS QA/QI Quarterly Activities Report form (SOC 824) for counties to report the results of case reviews to CDSS.

This is the fourth report generated since the revision of the SOC 824 form. Through the IHSS QA/QI activities, CDSS confirms county compliance with established reporting and review requirements, identifies data inconsistencies, and continues program improvement.

Findings

The following is a summary of QA/QI data reported by counties for July 1, 2017 through June 30, 2018.

County Case Reviews Conducted

Counties are required to complete a minimum number of case reviews each year, in the form of both desk reviews and home visits. The required number of county QA reviews are based on a county's caseload and QA staffing allocation. The minimum number of QA home visits is 20% of a county's required desk reviews. Home visits conducted by county QA staff are performed to ensure program consistency and uniformity, as opposed to home visits conducted by non-QA social workers to assess recipient needs.

Counties reported 18,504 completed desk reviews, including reviews of 16,888 active cases and 1,616 denied applications. A total of 3,336 desk reviews led to home visits. Case reviews are the primary method for county QA to ensure uniform and appropriate services to IHSS recipients; they form the foundation of county QA.

Compliance with Minimum Case Review Requirements

In FY 2017-18, 35 counties met or exceeded the minimum case review requirements to which they committed (both desk reviews and home visits), nine counties met or exceeded one goal and missed the other, and 14 counties did not meet minimum case requirements. This represents a decrease in county compliance levels statewide from 78% in FY 2016-17 to 60% in FY 2017-18.

Case Review Findings

Counties reported that 19% of desk reviews conducted on active cases resulted in findings of “No Further Action Required,” 81% resulted in findings of “Further Action Required.”

- The importance of county QA case reviews is reiterated this year as county QA teams identified errors in 80% of active cases reviewed. This is an increase of two percent from last year.
- Insufficient or Inaccurate Case Documentation continues to be the most frequently reported finding requiring action.

Critical Incidents

A Critical Incident is an incident which presents an immediate threat to the health and/or safety of an IHSS recipient and requires county intervention. Critical Incidents may include, but are not limited to: serious injuries caused by accident, medication error/reaction, abuse, or neglect. In addition, this includes any potentially harmful natural or man-made event that threatens a recipient’s life, health, or ability to remain safely in their own home.

Twenty-seven counties reported a total of 366 critical incidents via the SOC 824. This represents an increase from the 310 incidents reported in FY 2016-17. Of the 366 critical incidents reviewed and reported to QA staff, 171 were identified during routine desk reviews, and 195 were initially discovered by QA staff during home visits. These 195 critical incidents would have continued unreported and unresolved indefinitely if county QA teams were not conducting home visits.

Counties also reported initiating 154 referrals upon identifying these critical incidents, including referrals to the public authority for assistance locating a registry provider or referrals to some alternative resources.

Targeted Reviews

Fifty-two counties reported conducting 63 targeted reviews on 25 topics. Case Documentation and Unmet Need were the most frequently conducted review topics. Counties conducted 22 targeted reviews regarding services and 21 targeted reviews pertaining to case assessments.

Quality Improvement (QI) Efforts

IHSS QI Efforts, also referred to as “System Improvements,” are intended to eliminate systemic problems. These may include written directives, modified county procedures, new forms or tracking tools, staff trainings or other such efforts.

In FY 2017-18, 44 counties reported implementing 75 QI measures. Participation from counties statewide increased from 29 participating in FY 2016-17. For the third year in a row, training accounted for the majority of all QI measures (36%), and counties “implementing new procedures” was the second-most reported QI measure in FY 2017-18. This may be attributed to CDSS providing assessment clarifications to counties reiterating proper assessment procedures as outlined in [All-County Information Notice 82-17](#).

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STATEWIDE ANNUAL REPORT OF COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT ACTIVITIES IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM FOR FISCAL YEAR 2017-18

This report is compiled from the In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement (QA/QI) Quarterly Activities Report Forms (SOC 824) submitted by counties for Fiscal Year (FY) 2017-18.

Background

In 2004, [\(SB\) 1104](#) (Chapter 229, Statutes of 2004) mandated the QA/QI Initiative. A State/County Procedures Workgroup commenced in February 2005 and produced the QA/QI Procedures Manual, which established a minimum case review requirement of 250 desk reviews per allocated QA full-time equivalent (full-time and funded county QA position) per year, of which a subset of 50 were to receive QA home visits, for each county. In 2013, CDSS issued an updated IHSS QA/QI Policy Manual via [ACL No. 13-110](#). The new manual introduced new case review requirements for each county, based on caseload and QA staffing allocation. Counties are statutorily required to report the QA/QI activities to CDSS using the SOC 824 form on a quarterly basis.

Purpose

In compliance with Section VIII of the Community First Choice Option (CFCO) State Plan Amendment [\(SPA\) 13-007](#), this annual report summarizes the SOC 824 data as reported by counties for July 1, 2017 through June 30, 2018. Counties were provided a summary of the data they reported, and all counties confirmed the accuracy of the data utilized in this report.

Methodology

SOC 824 data was collected, reviewed, tracked, and compiled quarterly as it was received. The data was analyzed to ensure compliance with reporting and review requirements. Any inconsistencies in the data resulted in CDSS contacting the reporting county for correction or clarification.

Elements of the SOC 824

In collaboration with counties, a new SOC 824 was developed for FY 2013-14 with a priority to achieve a fundamental shift from tracking quantity and process to focusing on quality and result reporting. The SOC 824 is an initial collection of *Preliminary Data* followed by five sections with a greater focus on result reporting. Attention to detail regarding the outcome of targeted reviews is emphasized with the new form.

SOC 824 - Preliminary Data

Initially, counties complete the *Preliminary Data*, which contains general information such as the county name, date completed and staff information. An overall count of desk reviews and home visits conducted is included as well. It is important to note that

these counts are not used to determine case review compliance; only completed reviews (including final determination) are counted towards the case review minimums. See Figure 1 below.

Figure 1: SOC 824 – Preliminary Data

IN-HOME SUPPORTIVE SERVICES (IHSS) QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) QUARTERLY ACTIVITIES REPORT - SOC 824	
County:	<input type="text"/>
Date Completed:	<input type="text"/>
Fiscal Year:	<input type="text"/>
Quarter:	<input type="text"/>
Name of Person Completing Report:	<input type="text"/>
Title of Person Completing Report:	<input type="text"/>
Telephone Number:	<input type="text"/>
Number of QA Staff (FTEs):	<input type="text"/>
Number of IHSS Caseworkers (FTEs):	<input type="text"/>
Number of Desk Reviews Conducted by QA:	<input type="text"/>
Number of Home Visits Conducted by QA:	<input type="text"/>
Reviewed Cases with Completed SOC 864:	<input type="text"/>
Reviewed Cases with Timely Reassessments:	<input type="text"/>
All Fields are Mandatory	

SOC 824 - Section 1

The first section of the revised SOC 824 captures counts of *IHSS QA Case Reviews* completed. The count is compiled to include *Denied Applications Reviewed*, desk reviews that resulted in *No Action Required*, desk reviews *Requiring Action*, home visits with *No Action Required*, and home visits *Requiring Action*. A case review (desk reviews and home visits) may have more than one result, such as a single case in which there were missing forms and insufficient case documentation, resulting in a reduction in service hours. Thus, there may be more resulting actions than cases reviewed. See Figure 2 below.

Figure 2: SOC 824 - Section 1

1	IHSS QA Case Reviews				
A.	Number of Denied Applications Reviewed				
		CFCO	PCSP	IPO	IHSS-R
B.	Number of Desk Reviews Completed with No Action Required				
C.	Number of Desk Reviews Completed Requiring Action (Indicate Results Below - Multiple Actions Can Be Reported)				
C.1	Missing, Incorrect, or Incomplete State Form(s)				
C.2	Missing, Incorrect, or Incomplete County-Specific Form(s)				
C.3	Insufficient or inaccurate case documentation				
C.4	Increase in Service Authorizations				
C.5	Decrease in Service Authorizations				
C.6	Cases Terminated				
C.7	Fraud Referral(s)				
C.8	Suspected Overpayment				
D.	Number of Home Visits Completed with No Action Required				
E.	Number of Home Visits Completed Requiring Action (Indicate Results Below - Multiple Actions Can Be Taken)				
E.1	Insufficient or inaccurate case documentation				
E.2	Increase in Service Authorizations				
E.3	Decrease in Service Authorizations				
E.4	Cases Terminated				
E.5	Fraud Referral(s)				
E.6	Suspected Overpayment				

SOC 824 - Section 2

Section 2 of the SOC 824 focuses on capturing *Critical Incident* data as reported by counties. The revised SOC 824 allows counties to report both critical incidents documented in case files (normally in the course of a desk review) and critical incidents discovered by or reported to QA (normally during a home visit). Also captured is the *Number of Referrals Resulting from Critical Incidents*. See Figure 3 below.

Figure 3: SOC 824 - Section 2

2	Critical Incidents (Identified by or reported to QA)	CFCO	PCSP	IPO	IHSS-R
A.1	Number of cases reviewed by QA with a documented critical incident which occurred in the last 12 months				
A.2	Number of cases in which QA identified a critical incident during a home visit, or received a report involving a critical incident				
B.	Number of Referrals Resulting From Critical Incidents				

SOC 824 - Section 3

This section captures county reporting of *Overpayments*. It includes the number of *Overpayments Confirmed* and *Overpayment Recovery Actions Initiated*, tracked by both the number of cases and the associated dollar amounts. See Figure 4 below.

Figure 4: SOC 824 - Section 3

3	Overpayments (Identified by or reported to QA)	# of Cases	Amount (\$)	
A.	Overpayments Confirmed			
B.	Overpayment Recovery Actions Initiated			

SOC 824 – Section 4

This section captures required *QA Targeted Reviews* data as reported by counties. Counties use this section to report whether any *Targeted Reviews* were completed during the quarter. A *Targeted Review Outcome Report* is submitted to provide outcome detail. See Figure 5 below.

Figure 5: SOC 824 - Section 4

4	QA Targeted Reviews		
A.	Targeted Review Topics Completed this Quarter? (Yes/No)		
B.	Attach Targeted Review Outcome Report(s)		

SOC 824 - Section 5

This section captures optional *Quality Improvement Efforts* performed by counties. Counties indicate whether there were any QI efforts completed during the quarter. An outcome report is provided separately to document the results (successes and lessons learned) of county QI efforts. See Figure 6 below.

Figure 6: SOC 824 - Section 5

5	Quality Improvement Efforts	
A.	Quality Improvement Efforts Completed this Quarter? (Yes/No)	
B.	Attach Quality Improvement Efforts Outcome Report(s)	

Statewide Results

In reviewing the reported case review data, considerations include: How consistently did counties report the data? Did counties conduct the number of case reviews to which they committed? What were the findings of the case reviews?

County Reporting

All 58 counties submitted SOC 824 data for FY 2017-18. Thirty-nine counties reported completed desk reviews. Forty counties reported completed home visits. Fifty-two counties reported completed targeted review data; 27 counties reported critical incident data; 27 counties reported overpayments discovered by their QA; and 44 counties reported QI efforts.

As in previous years, the most-common reasons given by counties for reporting difficulties were staff turnover, training issues and increased caseloads. As expected, an increase in data strength and reliability continued into FY 2017-18 as the counties' data collection and reporting efforts became more routine.

Statewide Compliance

Statewide, 35 counties met or exceeded their assigned goals for both desk reviews and home visits, 9 counties met one of the goals and missed the other, and the remaining 14 counties did not meet either goal. The number of counties meeting both goals decreased from 45 counties that achieved the same objective in FY 2016-17.

Case Review Findings

IHSS QA Case Reviews (Section One)

This section captured the number of QA case reviews conducted and the results of those reviews. County QA conduct home visits on 20% of their required reviews to ensure program uniformity and consistency. During a home visit, county QA staff validate case file information, affirm assessments, and ensure that authorized services are consistent with the recipient's needs. As stated earlier, In FY 2017-18, counties reported conducting 18,504 desk reviews (16,888 desk reviews of active cases and 1,616 reviews of denied cases) of which 3,336 resulted in home visits. As part of the routine scheduled reviews, counties must also review a sample of denied cases to validate that the denial is consistent with regulations. Reviews of denied applications

can only account for up to 10% of the county's minimum required number of desk reviews. Thus, of the 1,616 reviews of denied cases, 1,141 will be included.

This represents approximately 100% and 92% of the statewide goals for desk reviews and home visits respectively. Thirty-five counties met or exceeded their case review requirements for FY 2017-18. Of all IHSS cases reviewed, 76% resulted in the identification of some necessary further actions, with 20% resulting in a change in service hour authorizations (increases or decreases).

Based on a caseload average of 549,831 recipients' in FY 2017-18, 3.1% of all IHSS cases received a QA desk review and 0.6% of all IHSS cases received both a QA desk review and a QA home visit. This is a statistically valid sample with a margin of error rate of .05.

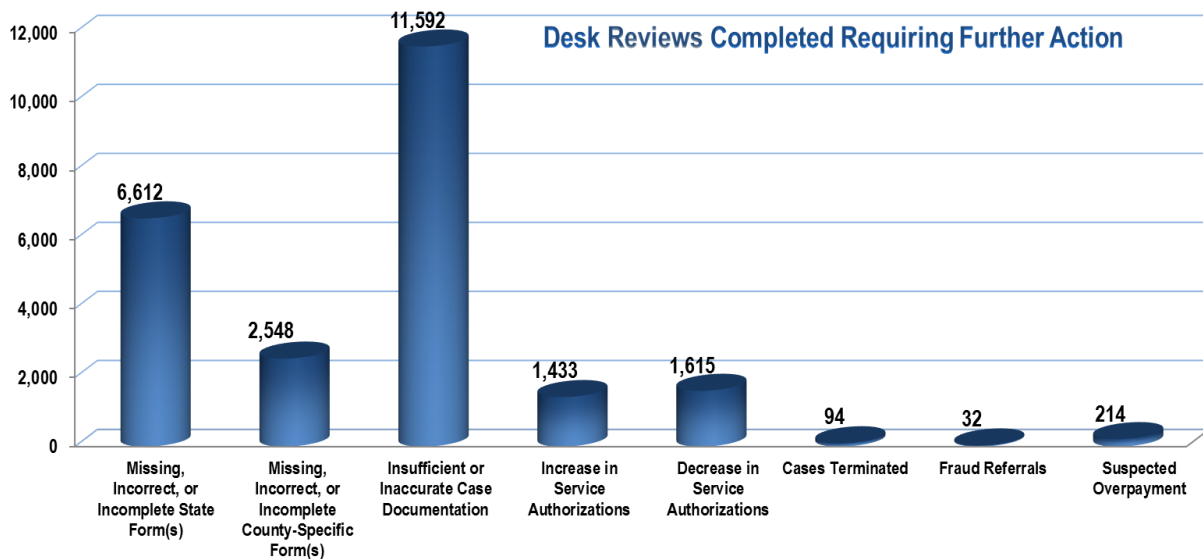
Denied Cases

Per [MPP Section 30-702.125\(a\)\(1\)](#), county desk reviews must include a sample of denied cases. Fifty-three counties reported conducting 1,616 reviews of denied cases; 10% of which (1,141) count towards the counties required desk reviews; five counties did not report conducting any reviews of denied cases.

Desk Reviews

Of the 16,888 desk reviews conducted on active cases, 3,228 (20%) resulted in findings of *No Action Required*. Figure 7 below shows the results of the remaining 13,660 reviews. A total number of 24,140 findings were reported (a single desk review may result in multiple findings).

Figure 7: Outcome of Desk Reviews Requiring Action



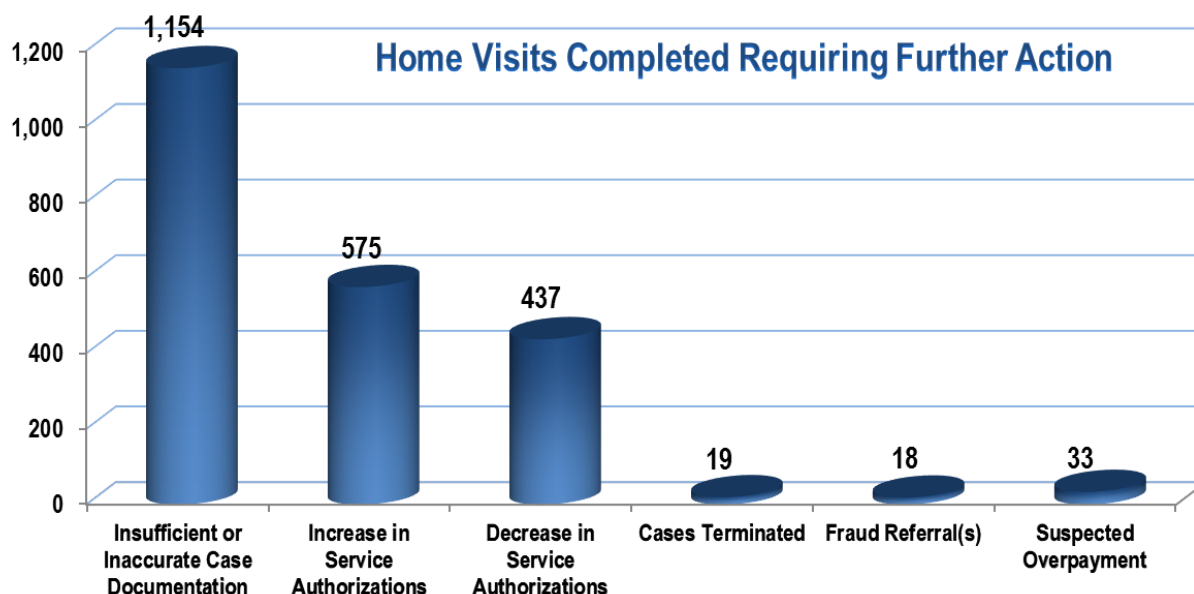
Insufficient or inaccurate case documentation was the most commonly reported finding among QA desk reviews requiring action, representing 48%. The second and third most common findings requiring action involved issues concerning state and county required forms. Combined, they constitute the most common finding, representing 38% of all Desk Reviews Requiring Action. There were 3,048 desk reviews that resulted in changes in service authorizations (1,433 increases and 1,615 decreases).

Home Visits

Home visits conducted by county QA staff are performed to ensure program consistency and uniformity, as opposed to home visits conducted by non-QA social workers to assess recipient needs and functional abilities.

Of the 3,336 QA home visits reported, 1,694 (51%) resulted in findings of *No Action Required*. Shown in Figure 8 below are the results of the remaining 1,642 visits.

Figure 8: Outcome of Home Visits Requiring Action



Insufficient or inaccurate case documentation was the most commonly reported finding among QA Home Visits, representing 52% of all Home Visits Requiring Action. There were 1,012 Home Visits that resulted in changes in service authorizations (575 increases and 437 decreases).

Critical Incidents and Referrals Resulting from Critical Incidents (Section Two)

This section captured critical incidents identified by or reported to QA, along with any resulting referrals. Referrals resulting from critical incidents typically include referrals to the public authority for assistance locating a registry provider, or referrals to some alternative resources.

The critical incident data included in this report represents data identified during county QA reviews. Twenty-seven counties reported QA-identified critical incident data; the remaining 31 did not. A total of 366 critical incidents were reported, of which 171 were identified during routine desk reviews and 195 were initially discovered by QA staff during home visits. These 195 critical incidents would have continued unreported and unresolved indefinitely if county QA teams were not conducting home visits. Counties reported initiating 154 referrals upon identifying these critical incidents.

Overpayments (Section Three)

This section captured the number of overpayments identified by QA, the dollar amounts involved, and actions taken to recover those overpayments. Twenty-seven counties reported overpayments identified by their QA staff, while 31 reported none. The QA staff identified 1,290 confirmed overpayments totaling \$737,684. Twenty-four counties reported initiating 1,458 overpayment recovery actions totaling \$610,680. Initiation of overpayment recovery means a negotiated repayment agreement has been reached with the overpaid party via balancing, payment adjustment, voluntary cash recovery, or civil judgement.

San Joaquin led all counties in overpayment recovery efforts, initiating overpayments to recover \$122,105, representing 100% of its suspected overpayments. Also notable were the efforts of Shasta and San Bernardino counties, which each initiated action to recover over \$100,000, representing 100% of their suspected overpayments. These three counties represented 57% of all overpayment recoveries conducted statewide.

Statewide, desk reviews resulted in 37 fraud referrals, 220 suspected overpayments, and 113 case terminations. Home visits resulted in an additional 20 fraud referrals, 37 suspected overpayments, and 20 case terminations. The counties' primary tool in their fraud prevention and detection efforts remain trained QA staff that conduct thorough desk reviews, home visits, and other QA activities.

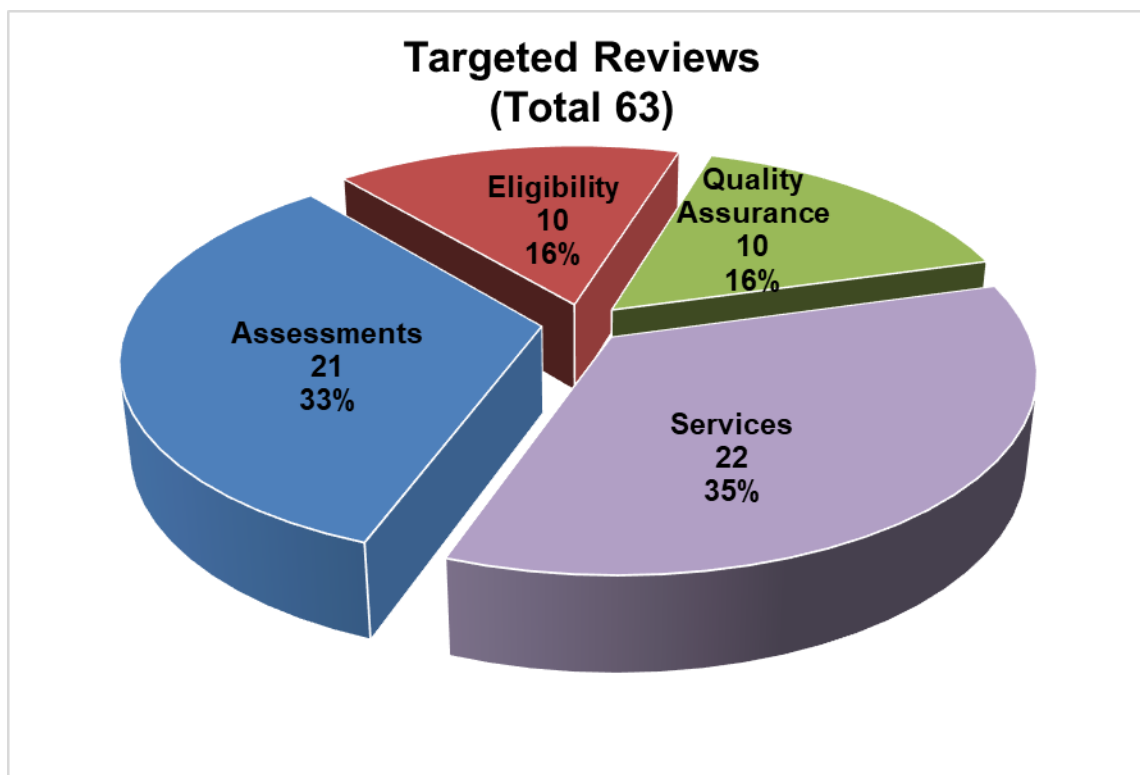
Targeted Reviews (Section Four)

Counties conduct targeted reviews to identify specific issues concerning IHSS delivery. A targeted review is conducted based upon a specific topic, and similar topics are categorized accordingly. For example, a county may conduct a targeted review of a certain number of cases to ensure they contain proper documentation of authorized services, which is the topic of the review. This topic would then be categorized under IHSS assessments.

Review topics vary from county to county. A total of 52 counties reported having conducted targeted reviews during FY 2017-18, up from 50 counties in FY 2016-17. Statewide, 90% of counties participated in the targeted review process. Data is based on the number of *topics* reviewed rather than the number of *cases* reviewed. For example, a county's review of 100 cases on a single topic is tracked as a single

targeted review. Figure 9 below documents each targeted review topic selected by the counties.

Figure 9: Targeted Reviews Breakdown



A total of 63 targeted reviews on 25 topics were performed by counties. Similar review topics were then grouped into four categories (Services, Assessments, Eligibility, and Quality Assurance) for this report.

The category *Services* was the most frequently conducted targeted review category, accounting for 35% of targeted reviews. Topics reviewed within this category included Able and Available Spouse (conducted six times), Medical Accompaniment with Wait Time (conducted six times), Protective Supervision (conducted five times), Medical Accompaniment with a Service (conducted twice), Paramedical (conducted twice), and Range of Motion (conducted once).

The category *Assessments* was the second most frequently conducted targeted review category, accounting for 33% of targeted reviews. Within this category, the most-frequently-conducted targeted review topics were Unmet Need (conducted six times), Case Documentation (conducted five times) and IHSS Functional Index Ranking (conducted three times). Other reviews included overall Assessments (conducted twice), Hourly Task Guideline Exceptions (conducted twice), Alternative Resources (conducted once), Timely Reassessments (conducted once), and Recipients Assessed and Authorized 283 Plus Hours (conducted once).

The third most frequent category was *Quality Assurance* accounting for 16% of targeted reviews. This category consisted of seven different topics including Federal Labor Standards Act (conducted twice), Individual Provider Enrollment (conducted twice), No Timesheet Activity - 60 Days (conducted twice), Applications (all required forms) (conducted once), Civil Rights (conducted once), Recipients Who Live Alone (conducted once) and Individualized Back Up Plan (conducted once).

The fourth-most common category was *Eligibility* accounting for 16% of targeted reviews. This category consisted of four different topics including Minor Cases (conducted six times), Denied Cases (conducted twice), Dual Eligible Population (conducted once), and Intakes (conducted once).

The SOC 824 required brief outcome reports on all targeted reviews. Some reviews performed by counties did not include the number of cases reviewed. In other cases, the review was well-detailed, but not easily gauged. The release of CDSS's webcast ([ACIN I-39-16](#)), along with CDSS actively working with counties, should ensure consistent, timely and usable targeted review data is submitted by counties in future reports.

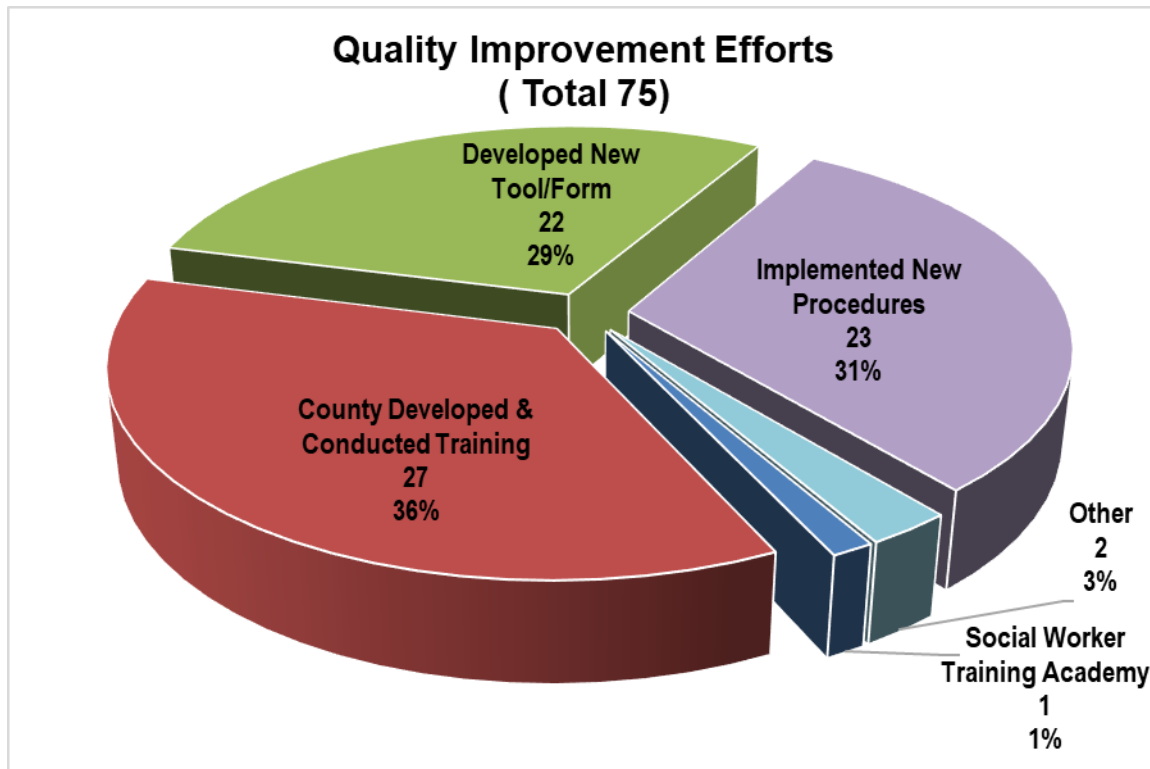
Quality Improvement Efforts (Section Five)

During the QI process, counties were asked what quality improvement efforts they have implemented during the year. Forty-four counties reported implementing 75 quality improvement efforts in four broad categories. This represents a 76% rate of county participation, an increase from the 50% participation rate of FY 2016-17.

Thirty-six percent of counties reported that they *Developed And Conducted Trainings* during FY 2017-18, 31% *Implemented New Procedures*, and 29% *Developed A New Tool And/Or Form*. The remaining county quality improvement efforts (4%) were to have workers attend *Social Worker Training Academy* sessions and *Other* such as Quarterly Multi-Disciplinary Team or QA meetings.

These efforts resulted in improved processes for case workers, more form consistency, and faster case processing. Overall, counties indicated that their efforts met with a positive reception from staff and would improve their ability to comply with program requirements. Figure 10 below shows the QI efforts reported by counties.

Figure 10: Quality Improvement Efforts Breakdown



County-Specific Data, by County Size

There was a large variation in the data margins and compliance rates between counties statewide, but there was some consistency among similar-sized counties. To provide a more useful analysis, this section is presented according to county size groupings.

Very Large Counties

Los Angeles is currently the only Very Large County, which is defined as a county with an IHSS caseload of 50,000 or more. It is important that Los Angeles County be analyzed individually because its caseload is seven times that of the next-largest county (Riverside).

Table 1 below shows Los Angeles County's QA Case Review Compliance. Los Angeles County's annual QA case review goal was 1,300 desk reviews and 260 home visits. They completed 1,354 desk reviews (104%) and 285 home visits (110%).

Table 1: Los Angeles County's Case Review Compliance Data

Very Large Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Los Angeles	214,663	1,300	1,354	104%	260	285	110%

Table 1a below shows Los Angeles County's QA Desk Review Findings. Of their 1,354 desk reviews, 31 resulted in a finding of *No Action Required* or were of a *Denied Application*, while the remaining 1,323 (97%) resulted in 2,708 findings requiring some remediation. Those findings include:

- *Missing, Incorrect, or Incomplete Forms* – 1,286 findings consisting of 924 state forms and 362 county-specific forms
- *Insufficient or Inaccurate Case Documentation* – 1,323 findings
- 98 changes in *Service Authorizations* consisting of 64 increases, 34 decreases, and no terminations
- One *Suspected Overpayment*

Table 1a: Los Angeles County's Desk Review Findings

Very Large Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Los Angeles	1,323	924	362	1,323	64	34	0	0	1

Of the 285 Home Visits conducted by Los Angeles County, 130 resulted in findings of *No Action Required*, 124 resulted in findings of *Insufficient or Inaccurate Case Documentation*, 36 resulted in *Increase in Service Authorizations* and the remaining 11 Home Visits resulted in *Decrease in Service Authorizations*.

Table 1b: Los Angeles County's Home Visit Findings

Very Large Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Los Angeles	155	124	36	11	0	0	0

Large Counties

A large county is defined as a county with an IHSS caseload of 10,000 to 49,999 cases. Nine counties met this criterion in FY 2017-18. Large counties represented a combined IHSS caseload of 228,256, ranging from 17,789 in Fresno County to 30,808 in Riverside County.

Table 2 below displays compliance data regarding QA case reviews for large counties. Large counties achieved a high rate of compliance in FY 2017-18, with seven of the nine counties exceeding both Desk Review and Home Visit goals. Sacramento and Riverside counties failed to achieve their goals, with Sacramento completing 94% of Desk Reviews and Riverside completing 81% of Home Visits. This is the fourth consecutive fiscal year that nearly all large counties met their compliance goals; FY 2016-17 saw the same number of counties achieving both goals.

Table 2: Large Counties' Case Review Compliance Data

Large Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Riverside	30,808	589	610	104%	118	95	81%
Orange	29,581	588	591	101%	118	120	102%
San Bernardino	28,565	588	1,283	218%	118	128	108%
San Diego	27,364	587	707	120%	117	128	109%
Sacramento	25,569	587	554	94%	117	119	102%
Alameda	23,076	585	1,059	181%	117	126	108%
Santa Clara	22,834	585	604	103%	117	134	115%
San Francisco	22,670	585	661	113%	117	119	102%
Fresno	17,789	581	589	101%	116	116	100%
Total:	228,256	5,275	6,658	X	1,055	1,085	X

Table 2a below, displays QA desk review findings for large counties. Of the 6,658 desk reviews conducted (which includes total denied applications), 1,691 (25%) resulted in a finding of *No Action Required* or were of a *Denied Application*, while the remaining 4,967 (75%) resulted in 8,857 findings requiring some remediation. Those findings and actions include:

- *Missing, Incorrect, or Incomplete Forms* – 3,665 findings consisting of 2,704 state forms and 961 county-specific forms
- *Insufficient or Inaccurate Case Documentation* – 3,891 findings
- 1,125 changes in *Service Authorizations* consisting of 542 increases, 551 decreases, and 32 terminations
- Five *Fraud Referral(s)*; Three of the nine large counties (Riverside, Sacramento, and San Francisco) reported QA case reviews resulting in referring cases for fraud investigation
- 171 *Suspected Overpayments*; Four of the nine counties reported suspected overpayments as a result of a desk review: Alameda (163), Riverside (3), San Diego (2), and San Francisco (3) counties

Table 2a: Large Counties' Desk Review Findings

Large Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Alameda	804	632	127	226	149	42	0	0	163
Fresno	572	227	112	551	110	135	0	0	0
Orange	409	258	175	297	38	44	0	0	0
Riverside	508	307	164	457	29	80	12	3	3
Sacramento	365	276	121	326	68	23	7	1	0
San Bernardino	843	369	0	737	41	77	0	0	0
San Diego	563	144	54	563	60	56	7	0	2
San Francisco	388	165	111	310	33	51	5	1	3
Santa Clara	515	326	97	424	14	43	1	0	0
Total:	4,967	2,704	961	3,891	542	551	32	5	171

Table 2b below displays home visit findings for large counties. Of the 1,085 home visits conducted by large counties, 615 resulted in findings of *No Action Required*. The remaining 470 home visits resulted in 663 findings requiring action. Those findings and actions include:

- 341 findings of Insufficient or Inaccurate Case Documentation
- 307 changes in Service Authorizations consisting of 170 increases, 132 decreases, and five terminations
- 15 Suspected Overpayments

Table 2b: Large Counties' Home Visit Findings

Large Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Alameda	71	33	20	5	0	0	13
Fresno	91	83	40	30	0	0	0
Orange	0	0	0	0	0	0	0
Riverside	40	3	25	13	0	0	0
Sacramento	51	41	13	18	3	0	0

Large Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
San Bernardino	26	9	11	6	1	0	0
San Diego	119	119	28	19	1	0	2
San Francisco	55	39	27	33	0	0	0
Santa Clara	17	14	6	8	0	0	0
Total:	470	341	170	132	5	0	15

Medium Counties

A medium county is defined as a county with an IHSS caseload of 1,000 to 9,999 cases; 28 counties met this criterion. Medium counties represented a combined IHSS caseload of 100,038, ranging from 1,143 in Napa County to 8,704 in Contra Costa County.

Table 3 below displays compliance data regarding QA case reviews for medium counties. Sixteen counties either met or exceeded their goals for both desk reviews and home visits; five medium counties achieved one of the goals, but not the other; and seven medium counties did not achieve either goal.

Table 3: Medium Counties' Case Review Compliance Data

Medium Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Contra Costa	8,704	322	272	84%	64	49	77%
Stanislaus	6,642	318	347	109%	64	65	102%
San Joaquin	6,065	317	338	107%	63	64	102%
Ventura	5,888	316	318	101%	63	64	102%
Sonoma	5,809	316	316	100%	63	63	100%
Imperial	5,588	315	397	126%	63	82	130%
Kern	4,981	313	298	95%	63	58	92%
San Mateo	4,952	313	313	100%	63	63	100%
Monterey	4,625	312	311	100%	62	62	100%
Solano	4,593	311	211	68%	62	56	90%
Butte	3,996	308	341	111%	62	64	103%
Tulare	3,490	245	260	106%	49	48	98%
Santa Barbara	3,398	304	304	100%	61	61	100%

Medium Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Merced	3,364	304	318	105%	61	69	113%
Shasta	3,085	302	166	55%	60	60	100%
Placer	2,823	299	329	110%	60	61	102%
Santa Cruz	2,651	297	298	100%	59	59	100%
Yolo	2,477	294	274	93%	59	59	100%
Lake	2,181	290	297	102%	58	58	100%
Kings	2,166	290	185	64%	58	49	84%
Marin	1,890	284	267	94%	57	55	96%
Humboldt	1,888	284	221	78%	57	52	91%
Madera	1,824	282	241	86%	56	38	68%
San Luis Obispo	1,792	282	304	108%	56	36	64%
Mendocino	1,688	279	272	97%	56	60	107%
Sutter	1,188	261	302	116%	52	52	100%
El Dorado	1,147	259	259	100%	52	52	100%
Napa	1,143	259	271	105%	52	57	110%
Total:	100,038	8,276	8,030	X	1,655	1,616	X

Table 3a below displays QA desk review findings for medium counties. Of the 8,030 desk reviews (which includes total denied applications), 1,881 (23%) resulted in a finding of *No Action Required* or were of a *Denied Application*, while the remaining 6,149 (77%) resulted in 10,496 findings requiring some remediation. Those findings and actions include:

- *Missing, Incorrect, or Incomplete Forms* – 3,504 findings consisting of 2,432 regarding state forms and 1,072 regarding county-specific forms
- *Insufficient or Inaccurate Case Documentation* – 5,361 findings
- 1,571 changes in *Service Authorizations* consisting of 690 increases, 827 decreases, and 54 terminations
- 22 *Fraud Referral(s)*; ten of the 28 medium counties reported at least one fraud referral as a result of QA desk reviews; the remaining 18 counties reported none
- 38 *Suspected Overpayments*; ten medium counties reported discovering one or more suspected overpayments as a result of QA desk reviews. Imperial County reported the most with 15 suspected overpayments.

Table 3a: Medium Counties' Desk Review Findings

Medium Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Butte	293	0	74	275	0	0	0	1	0
Contra Costa	188	48	40	175	13	8	0	0	0
El Dorado	195	52	2	193	75	65	8	1	3
Humboldt	174	84	4	160	3	21	0	0	0
Imperial	379	218	50	308	27	36	1	1	15
Kern	271	217	92	263	41	44	3	2	2
Kings	151	120	23	139	30	11	3	0	7
Lake	241	123	50	174	0	10	1	0	0
Madera	169	10	1	167	23	33	3	1	1
Marin	224	138	88	212	40	65	10	0	0
Mendocino	141	26	6	118	5	19	4	3	3
Merced	280	32	6	219	5	7	3	9	3
Monterey	191	55	13	183	36	40	1	0	0
Napa	237	38	8	235	49	40	2	0	0
Placer	258	139	46	220	29	89	0	0	1
San Joaquin	306	203	72	304	57	83	2	1	0
San Luis Obispo	250	46	155	150	49	21	0	0	0
San Mateo	276	187	122	236	5	15	0	1	1
Santa Barbara	175	119	20	94	9	12	3	2	0
Santa Cruz	197	76	12	163	18	23	0	0	0
Shasta	103	23	22	101	14	23	0	0	0
Solano	143	79	13	131	13	25	1	0	0
Sonoma	241	90	47	216	20	27	2	0	0
Stanislaus	300	44	23	276	18	23	1	0	0
Sutter	245	61	4	242	47	35	1	0	0
Tulare	40	7	0	32	1	0	0	0	0
Ventura	257	119	29	229	44	29	5	0	2
Yolo	224	78	50	146	19	23	0	0	0
Total:	6,149	2,432	1,072	5,361	690	827	54	22	38

Table 3b below displays home visit data for medium counties. Of the 1,616 home visits conducted by medium counties, 745 resulted in findings of *No Action Required*. The remaining 871 home visits resulted in 1,206 findings requiring action. Those findings and actions include:

- 595 findings of Insufficient Or Inaccurate Case Documentations
- 580 changes in Service Authorizations consisting of 321 increases, 246 decreases, and 13 terminations
- 16 Fraud Referral(s)
- 15 Suspected Overpayments

Table 3b: Medium Counties' Home Visit Findings

Medium Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Butte	61	60	0	0	1	1	0
Contra Costa	29	26	7	3	0	0	0
El Dorado	10	8	3	4	0	0	1
Humboldt	26	15	8	9	1	0	1
Imperial	80	70	16	9	0	0	3
Kern	57	56	9	20	2	0	1
Kings	47	37	21	14	2	0	1
Lake	29	2	24	4	0	0	0
Madera	14	14	2	4	0	1	1
Marin	0	0	0	0	0	0	0
Mendocino	6	3	0	2	1	0	0
Merced	45	31	2	7	1	4	0
Monterey	2	1	1	0	0	1	0
Napa	31	19	28	1	1	0	0
Placer	48	1	7	41	0	0	0
San Joaquin	48	42	12	18	1	3	0
San Luis Obispo	33	32	23	5	0	0	0
San Mateo	47	14	18	17	0	0	1
Santa Barbara	19	15	3	1	0	0	0
Santa Cruz	16	2	12	3	0	0	0
Shasta	57	51	30	19	0	3	3
Solano	2	0	0	2	0	0	0

Medium Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Sonoma	20	13	3	7	0	0	0
Stanislaus	61	56	37	36	2	0	0
Sutter	33	6	24	10	0	0	0
Tulare	0	0	0	0	0	0	0
Ventura	39	17	24	10	1	3	3
Yolo	11	4	7	0	0	0	0
Total:	871	595	321	246	13	16	15

Small Counties

A small county is defined as a county with a caseload of 26 to 999 cases; 19 counties met this criterion. Small counties represented a combined IHSS caseload of 6,849 ranging from 34 in Mono County to 979 in Tehama County.

Table 4 below displays compliance data regarding QA case reviews for small counties. Eleven counties met or exceeded their case review and home visit goals; two counties met one goal but did not meet the other; and the remaining six small counties did not achieve either goal.

Table 4: Small Counties' Case Review Compliance Data

Small Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Tehama	979	158	158	100%	32	32	100%
Yuba	763	151	164	109%	30	30	100%
Nevada	722	149	146	98%	30	30	100%
Siskiyou	595	143	152	106%	29	29	100%
San Benito	563	141	161	114%	28	28	100%
Glenn	458	133	57	43%	27	8	30%
Calaveras	389	127	141	111%	25	30	120%
Tuolumne	366	124	69	56%	25	3	12%
Del Norte	346	122	112	92%	24	18	75%
Plumas	318	118	119	101%	24	24	100%
Amador	275	112	111	99%	22	21	95%
Trinity	194	96	111	115%	19	19	100%
Colusa	189	94	57	61%	19	6	32%

Small Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Lassen	188	94	106	113%	19	19	100%
Mariposa	174	91	100	110%	18	18	100%
Inyo	136	79	86	109%	16	16	100%
Modoc	107	68	68	100%	14	11	79%
Sierra	53	42	38	90%	8	1	13%
Mono	34	29	29	100%	6	6	100%
Total:	6,849	2,071	1,985	X	415	349	X

Table 4a below displays QA desk review findings for small counties. Of 1,985 desk reviews (which includes total denied applications), 766 (39%) resulted in a finding of *No Action Required* or were of a *Denied Application*, while the remaining 1,219 (61%) resulted in 2,075 findings requiring some remediation. Those findings and actions include:

- *Missing, Incorrect, or Incomplete Forms* – 705 findings consisting of 552 state forms and 153 county-specific forms
- *Insufficient or Inaccurate Case Documentation* – 1,017 findings
- 346 changes in *Service Authorizations* consisting of 137 increases, 203 decreases, and six terminations
- Four *Fraud Referral(s)*; two of 19 small counties reported two fraud referrals each as a result of QA desk reviews.
- Three *Suspected Overpayments*; two small counties discovered three suspected overpayments as a result of QA desk reviews.

Table 4a: Small Counties' Desk Review Findings

Small Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Amador	79	28	1	62	6	9	0	0	0
Calaveras	77	23	7	66	4	4	0	0	0
Colusa	50	44	7	45	2	25	1	0	0
Del Norte	102	44	15	95	23	13	0	0	0
Glenn	33	8	3	31	13	7	0	0	0
Inyo	23	12	0	11	0	0	0	0	0

Small Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Lassen	83	71	28	59	1	8	0	2	2
Mariposa	91	39	28	88	17	18	0	0	0
Modoc	39	22	0	17	0	0	0	0	0
Mono	29	21	5	24	0	4	1	0	0
Nevada	17	8	2	8	0	1	0	0	0
Plumas	38	13	2	12	9	14	0	0	0
San Benito	2	0	1	1	0	0	0	0	0
Sierra	37	2	0	37	0	0	0	0	0
Siskiyou	96	29	4	82	1	7	0	2	1
Tehama	130	25	13	121	27	28	0	0	0
Trinity	93	44	10	79	10	19	4	0	0
Tuolumne	59	25	10	50	2	34	0	0	0
Yuba	141	94	17	129	22	12	0	0	0
Total:	1,219	552	153	1,017	137	203	6	4	3

Table 4b below displays home visit findings for small counties. Of 349 home visits conducted by small counties, 204 (58%) resulted in findings of *No Action Required*. The remaining 145 (42%) resulted in 193 findings requiring action. Those findings and actions include:

- 94 findings of Insufficient or Inaccurate Case Documentation
- 96 changes in Service Authorizations consisting of 48 increases and 48 decreases
- One Fraud Referral(s)
- Two Suspected Overpayments

Table 4b: Small Counties' Home Visit Findings

Small Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Amador	9	3	6	3	0	0	0

Small Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Calaveras	0	0	0	0	0	0	0
Colusa	6	5	0	3	0	0	0
Del Norte	5	5	0	1	0	0	1
Glenn	0	0	0	0	0	0	0
Inyo	1	0	1	0	0	0	0
Lassen	17	15	2	3	0	0	0
Mariposa	16	3	5	10	0	1	1
Modoc	0	0	0	0	0	0	0
Mono	3	2	0	2	0	0	0
Nevada	8	3	1	4	0	0	0
Plumas	10	2	5	3	0	0	0
San Benito	9	7	2	2	0	0	0
Sierra	1	1	1	0	0	0	0
Siskiyou	13	6	7	2	0	0	0
Tehama	1	1	0	0	0	0	0
Trinity	16	11	9	5	0	0	0
Tuolumne	3	3	0	3	0	0	0
Yuba	27	27	9	7	0	0	0
Total:	145	94	48	48	0	1	2

Very Small Counties

A very small county is defined as a county with a caseload up to 25 cases. Only Alpine County met this criterion in FY 2017-18. Table 5 below shows very small counties' case review requirement and outcome data.

Table 5: Very Small Counties' Case Review Compliance Data

Very Small Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Alpine	25	22	2	9%	4	1	25%

Conclusion

Impact

The QA/QI efforts of the counties have proven beneficial, resulting in 18,029 (this number reflects only 10% of the denied cases reviewed) desk reviews and a total 24,140 corrections (cases requiring further actions) to IHSS cases, including:

- 3,142 changes in *Service Authorizations* consisting of 1,433 increases, 1,615 decreases, and 94 terminations
- 214 *Suspected Overpayments* discovered
- 32 *Fraud Referral(s)*

As a result of the QA/QI process, 3,336 home visits were conducted, leading to an additional 2,236 corrections (cases requiring further actions) to IHSS cases, including:

- 1,031 changes in *Service Authorizations* consisting of 575 increases, 437 decreases, and 19 terminations
- 33 *Suspected Overpayments* discovered
- 18 *Fraud Referrals*

Overall, In FY 2017-18, 35 counties met their review requirements, resulting in a compliance rate of 60% (a decrease from 78% in FY 2016-17). Nine counties met one of their requirements, but failed to meet the other, and fourteen did not meet either requirement (up from nine in FY 2016-17). During the next FY CDSS intends to investigate why counties are not meeting their minimum review requirements and work towards statewide county compliance.

CDSS QA/QI Activities

CDSS QA Findings

In FY 2017-18 State QA reviews indicate that counties performed well in the areas of conducting timely reassessments and the documentation and exploration of Alternative Resources. Evidence from both case reviews and CMIPS indicated that conducting timely reassessments continued to be a high priority for counties statewide. Of the 2,451 cases reviewed that required reassessment, 2,363 received a timely reassessment (96.4%). Similarly, CMIPS data showed that an average of 94.5% of all recipients who required reassessment from July 2017 through June 2018 received a timely reassessment.

Additionally, case documentation of the exploration and availability of Alternative Resources has substantially improved. In FY 2017-18, 95.6% of cases reviewed contained documentation that Alternative Resources were explored, and most cases

included documentation of the source and type of service received (when available), an improvement of over 32.4% since FY 2014-15.

CDSS Quality Improvement Efforts

State QA found case documentation to be an area where many counties need the most improvement. In 53.4% of the cases reviewed by State QA, case documentation was inconsistent and/or incomplete regarding the assigned Functional Index (FI) rank. Due to this percentage consistently increasing each year, CDSS worked with counties to revise the Annotated Assessment Criteria to clarify the correct application and complete documentation of FI ranks.

The sufficient documentation to support either the approval and/or denial of Protective Supervision was also reported to be a challenge by counties. Thus, to assist counties, State QA developed a Protective Supervision Documentation Workshop, which was first conducted in Los Angeles County in April 2017. The workshop has since been held in several other counties and is offered to each county during the annual review.

State QA staff will continue conducting annual county monitoring reviews in all 58 counties. Review findings will be analyzed to identify program areas in which counties require further clarification and/or training. State QA strives to identify ways to assist counties with the implementation of new and existing program requirements for quality assurance and program uniformity.

Any questions regarding State QA's activities, findings, and quality improvement efforts should be addressed to IHSS-QAMU@dss.ca.gov.